

## ***PERSONNEL TRAINING***

**Purpose** This Meteorology and Air Quality Group (MAQ) procedure describes the process for obtaining and documenting self-study (reading), classroom, and on-the-job training within the group; and describes how training needs are determined and periodically reviewed.

**Scope** This procedure applies to all individuals in the group who must receive, attend, or provide training.

**In this procedure** This procedure addresses the following major topics:

<b>Topic</b>	<b>See Page</b>
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Obtaining Training	6
Records Resulting from this Procedure	8

**Hazard Control Plan** The hazard evaluation associated with this work is documented in HCP-ESH-17-Office Work.

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06/21/04

### **CONTROLLED DOCUMENT**

This copy is uncontrolled if no red stamp is present on printed copies.  
Users are responsible for ensuring they work to the latest approved revision.

## General information about this procedure

**Attachments** This procedure has the following attachments:

Number	Attachment Title	No. of pages
1	Training Form	1
2	Employee Training Needs	1
3	Employee Training Needs	1

**History of revision**

This table lists the revision history of this procedure.

Revision	Date	Description Of Changes
0	4/14/95	New document.
1	2/5/97	Revisions to reflect supervisory changes after group project-based reorganization, new Training Form and appropriate changes that reference form.
2	6/9/98	Added matrix-style training needs form.
3	3/13/01	Added specific training items for trainers providing OJT and revised training form to add wording to trainer signature.
4	3/18/02	Clarified use of Training Needs forms.
5	6/16/04	Added training prerequisites and more details to steps for OJT trainers.

**Who requires training to this procedure?**

All group personnel, including contract employees who work for the group, are required to train to this procedure.

Personnel previously trained to revision 4 of this procedure do not require retraining to this revision.

**Training method**

Training to this procedure will be by “**self-study**” (**reading**) and will be documented in accordance with this procedure.

**Prerequisites**

In addition to training to this procedure, the following training is required for OJT trainers only:

- PS-13 course #17663, “TSQP: On-the-Job Training”

## General information, continued

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### Definitions specific to this procedure

Classroom Training: Structured training in which training is led by an instructor and where there is active trainee participation. Classroom training may include lectures, demonstrations, discussions, or step-by-step review of procedures. Training is presented by a qualified instructor in accordance with a written training plan.

On-The-Job Training: Training conducted by qualified personnel in the actual work environment.

Self-Study (Reading): Self-contained training materials provided from a central source (such as a controlled document) to trainees as needed. Self-study includes required reading.

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### Note

Actions specified within this procedure, unless preceded with “should” or “may,” are to be considered mandatory guidance (i.e., “shall”).

## Determining employee training needs

**Background** The group leader, in cooperation with project leaders, has ultimate responsibility to assure that employees receive required training before performing work.

**How to  
determine  
training  
requirements**

For each employee in the organization:

Who	Actions
<b>Project leaders</b>	<p>Every year at the time of the annual employee performance appraisal <b>and/or</b> whenever job assignments are changed, determine the documents, implementing procedures, and/or courses to which each employee will be trained for the specific project. Base the determination upon the job assignments and job duties of the employee. Complete the form "Employee Training Needs" (attachment 2 or 3, whichever is more convenient) to document this training determination and forward the form to the group leader for review and integration of other training needs (received from other project leaders).</p> <p>For major changes in training requirements, consult the training coordinator to ensure inclusion of any procedures and courses required for new employees or employees in similar job assignments.</p> <p>Procedures may be deleted from or added to an employee's training plan at any time by notifying the Training Coordinator verbally or via e-mail. There is no need to use the training needs forms for a small number of changes.</p> <p>Ensure that employees understand the need to obtain required training as necessary and always <i>before</i> performing work that requires training. Employees must understand the need to retrain whenever revised procedures are issued.</p>
<b>Group leader</b>	<p>Receive Employee Training Needs forms for each employee from the project leaders and review overall needs of each employee. Integrate the combined training needs as necessary and forward the Employee Training Needs forms to the training coordinator.</p>

## Determining employee training needs, continued

Who	Actions
<b>Training coordinator</b>	<p>Enter the information from the Employee Training Needs forms or from other forms of notification into the EDS training plans database.</p> <p>Periodically (for example, after a controlled document distribution) send a list of required training (a “training plan”) to employees, based on the input from the Employee Training Needs form (attachment 2 or 3) submitted by project leaders.</p>
<b>QA officer</b>	<p>Optional: Whenever a new procedure or a procedure revision is issued, send a notice (e.g., a memo) to all group project leaders to inform them of the new or revised procedure(s) and remind them of training or retraining needs.</p>
<b>Employees</b>	<p>Be aware of applicable procedures that have been revised and obtain appropriate training any time needed and always <i>before</i> performing work that requires training.</p>

## Obtaining training

### Determine training type

After training needs have been determined:

**NOTE:** Procedure preparers (only) are considered already trained and do not require a training form, though the form is recommended.

Who	What
Employees and project leaders	Determine the type of training required (self-study [reading], classroom, or on-the-job) by reading the appropriate section of the procedure, contacting a manager, or contacting the training coordinator for assistance with classroom training.  Follow the steps in <u>one of the blocks below</u> , depending on the type of training required.

### Obtaining self-study training

For procedures that require self-study (reading) training:

Who	Actions
Employee	<ul style="list-style-type: none"><li>• Read the required procedure(s) or training material.</li><li>• Complete one line of part 1 of the training form (attachment 1). <b>NOTE:</b> One form may be used to document training to several procedures.</li><li>• Sign the form in part 1.</li><li>• Forward the form to the training coordinator.</li></ul>

### Obtaining classroom training

For procedures or courses that require classroom training:

Who	Actions
Employee	Contact the training coordinator to notify of the need for training and sign up for training. After attending the course, either <ul style="list-style-type: none"><li>• complete and sign part 2 of the training form (attachment 1), obtain the signature of the instructor on the form, and forward the form to the training coordinator;</li><li>• sign a class attendee list (including date, course title, course objectives, and instructor signature) for the course; or</li><li>• forward the course certificate to the training coordinator.</li></ul>

## Obtaining training, continued

**Obtaining on-the-job training** For procedures or courses that require on-the-job training:

Who	Actions
<b>Employee</b>	Contact supervisor to notify of need for training. Read the appropriate procedure ahead of time.
<b>Supervisor</b>	Arrange for the training to be given by a qualified and previously trained individual. The procedure author provides the initial training to individuals who may train others.
<b>Trainer</b>	<ul style="list-style-type: none"> <li>• Prepare for the training by arranging for needed supplies, location set up, scheduling, etc.</li> <li>• Set the trainee at ease (to improve the learning process)</li> <li>• Instruct and/or demonstrate the procedure process to the employee.</li> <li>• Emphasize the safety aspects of the process and review the hazards and their mitigation in the hazard control plan.</li> <li>• Instruct the employee on actions to take in the event of off-normal occurrences or accidents.</li> <li>• Sign the training form to attest that the trainee can perform the process properly and safely.</li> <li>• If the trainee has difficulties learning the process, contact supervisor for guidance.</li> </ul>
<b>Employee</b>	<p>Practice the process and demonstrate to the trainer that the process can be performed properly and safely.</p> <p>After receiving the training</p> <ul style="list-style-type: none"> <li>• Complete and sign one line in part 1 of the training form (attachment 1). <b>NOTE:</b> One form may be used to document training to several procedures.</li> <li>• Obtain the signature of the trainer on the form.</li> <li>• Forward the form to the training coordinator.</li> </ul>

**Recording training**

The **group training coordinator**

- enters the training information from the training forms or from class attendee lists into the EDS training database.
- retains the forms as records in a training file.

## Records resulting from this procedure

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### Records

The following records generated as a result of this procedure are to be filed **within one month of generation** with the training coordinator:

- training form (Attachment 1)
- employee training needs form (Attachment 2 or 3)
- classroom training attendee list or course certificate (when used)

[Click here to record “self-study” training to this procedure.](#)



Air Quality Group  
**TRAINING FORM**

This form is from ESH-17-024

**Part 1. Use this part to document read training or on-the-job training.**

Procedure number	Revision number	Date trained	Training type*		For OJT only: Trainer signature <sup>†</sup>
			Read	OJT	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> →	_____

*Example*

Trainee signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Z no. \_\_\_\_\_ Date \_\_\_\_\_

**Part 2. Use this part to document classroom training if attendance list was not used.**

Course title or procedure title: \_\_\_\_\_

Procedure number: \_\_\_\_\_ Revision number: \_\_\_\_\_

Brief description of content of course or training: \_\_\_\_\_

Trainee signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Z no. \_\_\_\_\_ Date \_\_\_\_\_

Instructor signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_

\*See page 2 of the procedure to determine whether read training or OJT is required.

<sup>†</sup> By signing, the trainer attests that trainee can properly and safely perform the procedure without supervision; the trainee was instructed in the hazards associated with this work and their mitigation (see HCP); and the trainee knows the actions to take in the event of abnormal occurrences or accidents.

Trainee: Submit this form to the group training coordinator.



Air Quality Group  
**EMPLOYEE TRAINING NEEDS**

This form is from ESH-17-024

**Supervisor documentation of employee's training needs.**

I have reviewed this employee's job, considering planned job duty changes, and I have determined that this employee will require training to the following procedures and/or courses (in addition to training required for all group members):

Procedure number or course title: \_\_\_\_\_

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Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Z no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

Supervisor: Submit this form to the group training coordinator.



Air Quality Group

**EMPLOYEE TRAINING NEEDS**

This form is from ESH-17-024

**Supervisor documentation of employees' training needs.**

Instructions: Enter employees' names in top row, procedure numbers or course titles in left column. Put a checkmark in appropriate cells to indicate the procedures or courses for which each employee requires training.

[illegible]

I have reviewed these employees' jobs, considering planned job duty changes, and I have determined that these employees will require training to the procedures and/or courses indicated above (in addition to training required for all group members):

Supervisor's signature  
Supervisor: Submit this form to the group training

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Air Quality Group

# EMPLOYEE TRAINING NEEDS

This form is from ESH-17-024

**Supervisor documentation of employees' training needs.**

Instructions: Enter employees' names in top row, procedure numbers or course titles in left column. Put a checkmark in appropriate cells to indicate the procedures or courses for which each employee requires training.

Procedure number or course title ↓	Employee names (when form completed, each employee initials near name)						

I have reviewed these employees' jobs, considering planned job duty changes, and I have determined that these employees will require training to the procedures and/or courses indicated above (in addition to training required for all group members):

Supervisor's signature  
Supervisor: Submit this form to the group training coordinator.

Name (print)

Date



## Air Quality Group

This form is from ESH-17-024

**Part 1. Use this part to document read training or on-the-job training.**

[illegible]

Trainee signature	Name (print)	Z no.	Date
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**Part 2. Use this part to document classroom training if attendance list was not used.**

Course title or procedure title: \_\_\_\_\_.

Procedure number: \_\_\_\_\_ Revision number: \_\_\_\_\_

Brief description of content of course or training: \_\_\_\_\_

Trainee signature	Name (print)	Z no.	Date
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Instructor signature	Name (print)	Date
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\*See page 2 of the procedure to determine whether read training or OJT is required.

† By signing, the trainer attests that trainee can properly and safely perform the procedure without supervision; the trainee was instructed in the hazards associated with this work and their mitigation (see HCP); and the trainee knows the actions to take in the event of abnormal occurrences or accidents.

Trainee: Submit this form to the group training coordinator.



Air Quality Group  
**EMPLOYEE TRAINING NEEDS**

This form is from ESH-17-024

**Supervisor documentation of employee's training needs.**

I have reviewed this employee's job, considering planned job duty changes, and I have determined that this employee will require training to the following procedures and/or courses (in addition to training required for all group members):

Procedure number or course title: \_\_\_\_\_

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Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Procedure number or course title: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Z no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

Supervisor: Submit this form to the group training coordinator.